



Fermilab

WORK NOTIFICATION

(Follow Instructions on the Other Side)

Project/Activity General Information:

Building Name or Site Location: _____ RPIS #: _____
Job/Description: _____
Division/Section Supervising Work: _____ Landlord Division/Section: _____
Task Manager/Coordinator: _____ Phone#: _____ Pager#: _____
Subcontractor: _____ Phone #: _____
Est. Starting Date: _____ Est. Completion Date: _____

Systems Affected / Notification Required: (Answer All)

YES NO

- ☐ ☐ Experiment/Program (notify appropriate Control Room)
☐ ☐ Any Utility System (e.g., Gas, CW, ICW, DWS, LCW, Sanitary Sewer)
(notify FESS Operations X3468; copy of notice; ms 303)
☐ ☐ Electrical System (notify FESS Operations X4665; copy of notice ms 303)
☐ ☐ HVAC (notify FESS Operations X4664; copy of notice; ms 303)
☐ ☐ Fire Protection System (notify FESS Operations X2924; copy of notice ms 303)
☐ ☐ Tele-Communication System (notify BSS Tele-Communications X3788; copy of notice ms 228)
☐ ☐ Data- Communication System (notify CD Distributed Computing X3064; copy of notice ms 120)
☐ ☐ Firus System (notify Accelerator Controls X4074; copy of notice; ms 307)
☐ ☐ Roof Systems (notify FESS Services X3302; copy of notice; ms 232)
☐ ☐ Parking Lot, Hardstand, Road or Turf (notify FESS Services X3303; copy of notice; ms 320)
☐ ☐ Other (Specify): _____

Permits Required: (Answer All)

YES NO

- ☐ ☐ Welding, Cutting, Brazing (Fermi Fire Dept.)
☐ ☐ Fire Protection System Disablement (FESS)
☐ ☐ Confined Space Entry (ES&H Manual 5063-11)
☐ ☐ Energized Electrical Distribution Systems
(ES&H Manual 5042-5)
☐ ☐ Potable Water Permit (FESS)
☐ ☐ Radiological Work Permit (Landlord Div./Sect. RSO)
☐ ☐ Other (specify) _____

Training Required: Answer All)

YES NO

- ☐ ☐ Oxygen Deficiency Hazard (ODH)
☐ ☐ Radiation
☐ ☐ Confined Space
☐ ☐ Other (specify) _____

Notification Checklist: (Answer All)

YES NO

- ☐ ☐ Emergency Services/Security
☐ ☐ Tele-Communications
☐ ☐ Data-Communications
☐ ☐ Radiation Safety/Safety
☐ ☐ Building Manager

YES NO

- ☐ ☐ FESS Operations
☐ ☐ FESS Engineering
☐ ☐ FESS Services
☐ ☐ Accelerator Control Room
☐ ☐ Research Control Room

Approvals:

Task Manager/Construction Coordinator: _____ Date: _____
Building/Area Manager: _____ Date: _____
Landlord Division/Section Safety Officer: _____ Date: _____
Initiating Division/Section Head: _____ Date: _____
Additional _____ Date: _____

INSTRUCTIONS

The purpose of this form is to improve communications on all projects so that all impacted parties are cognizant of impending work and can make appropriate accommodations on a timely basis. The Task Manager/Construction Coordinator is responsible for this notification prior to commencement of work.

If the project does not impact any of the systems listed on the front side of the form and if no permits are required, then the form is not required.

Please complete the distribution information below and mail, FAX, or hand deliver to the affected groups allowing them sufficient time to prepare for your project.

Deliver to:	MS	FAX	Comments
FESS Operations	303	2151	All Projects
FESS Engineering	214	4980	All Projects
FESS Services			
Roof Repair	232	4566	As Appropriate
Roads and Grounds	320	2108	As Appropriate
Initiating Division/Section Head			All Projects
Landlord Division/Section Safety Officer:			All Projects
Building Manager:			All Projects
Fire Department:	302	8037	As Appropriate
Emergency Coordinator	230	N/A	All projects
Tele-Communications	228	3405	Telecom Work
Data-Communications	120	2783	Datacom Work
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____